

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO. <u>10/643931</u>	FILING DATE		
							APPLICANT(S)			
CLAIMS										
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT					
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND
1	/		/				51			
2	/	/	/	/			52			
3	/		/				53			
4	/		/				54			
5	/		/				55			
6	/		/				56			
7	/		/				57			
8		/		/			58			
9		/		/			59			
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44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	6		5				TOTAL IND.			
TOTAL DEP.	29		29				TOTAL DEP.			
TOTAL CLAIMS	35						TOTAL CLAIMS			

Best Available Copy